

LETTER TO THE EDITOR

Caution in the indication for cholecystectomy in patients with modified Child C cirrhosis

We read with interest the article of Nguyen and co-workers¹ regarding cholecystectomy and cirrhosis. We found the title of this manuscript to be unqualified and risks sending the wrong message.

The major concern of this article relates to the appropriate indication for cholecystectomy based on the modified Child grade of the cirrhotic patients. Child C usually represents the end stage of the disease for the cirrhotic patient. For this reason, surgery would generally not be indicated except as a lifesaving intervention. Furthermore, many algorithms used for liver resection, exclude Child C patients from any form of surgery. The present study presents only two Child C patients (3% of the entire group), similar to the meta-analysis of Puggioni and Wong² in which only 1.7% of Child C patients were reported in a total of 351 patients. These numbers are too limited to draw meaningful conclusion and it is unethical to determine the correct indication for cholecystectomy in such patients.

In the present study, no data are reported regarding spontaneous bacterial peritonitis, owing to the retrospective nature of the study. Long-term follow-up of these patients could have clarified the nature of the disease and the disappearance or resurgence of symptoms. The second concern relates to the liberal use of Tissuelink to achieve haemostasis after cholecystectomy. Tissuelink is

an excellent device to achieve hemostasis for surgery of the liver³ but the cost for a simple cholecystectomy is too high and difficult to justify. Child A patients are uncomplicated and may be easily managed using normal electrocautery or bipolar forceps. The procedure may be less expensive and the risks of the use of Tissuelink near the biliary tract may be avoided.

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